PTO/SB/06 (08-03)

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	PAT	TENT APPLI	CATIO	N FEE DETE tute for Form P1	RMINATIO	N RECORD			tion or Docket Nu	
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY								OR -	OTHER THAN SMALL ENTITY	
					ER EXTRA	RATE	FEE		RATE	FEE
	BASIC FEE 37 CFR 1.16(a))					s	OR		s	
	TAL CLAIMS CFR 1.16(c))	1	minus 20 =				\ <u>`</u>	1		-
ND	EPENDENT CLAI	MS				X \$=		OR	. X S=	<del> </del>
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MUI	LTIPLE DEPENDE	NT CLAIM PRESE	NT	(37 CFR 1.16(d))		+ \$=		OR	+ s =	
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
	C	LAIMS AS AM	IENDED	) – PART II				-		
4	5-1105	(Column 1)		(Column 2)	(Column 3)	SMALL E	ENITITY	OR		RTHAN
	1, 0,	CLAIMS,	T -	HIGHEST		SWALL		1	SMALL	ENIITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
	Total (37 CFR 1.16(c))	117	Minus .	48	1 / 6	x \$1.5=	·	OR	x 5 172	
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR) 16(d))			<del>'/-</del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		OR	× × × ()(3)		
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Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$_=		OR	+ \$=	
			,			TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
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ပ		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	RATE	ADDI-		RATE	ADDI-
z١		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		TIONAL			TIONAL
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5 =		OR	+ s =	
_1				· · · · · · · · · · · · · · · · · · ·		TOTAL		OR	TOTAL	
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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application for the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

<sup>&</sup>quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.